



# Gifted Identification Referral Form

Marion Local Schools

(Two-Page Form – Complete and Submit Both Pages)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

**I am this student's (Check One):**

Teacher    Parent    Legal Guardian    Other (Specify) \_\_\_\_\_

***THIS STUDENT IS REFERRED FOR POSSIBLE IDENTIFICATION AS GIFTED  
IN THE FOLLOWING AREA(S):***

**Reason**

Superior Cognitive Ability  
*(Services offered grade 3)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Academic Ability  
 Math  
*(Services offered grades 4-8)* \_\_\_\_\_  
 Reading  
*(Services offered grade 4-7)* \_\_\_\_\_

**Services are NOT offered for the following areas:**

Writing \_\_\_\_\_  
 Science \_\_\_\_\_  
 Social Studies \_\_\_\_\_

**Services in the following areas MAY or MAY NOT be offered depending on the student's schedule.**

Creative Thinking \_\_\_\_\_  
 Visual or Performing  
Arts Ability *(such as* \_\_\_\_\_  
*drawing, painting, sculpting, music, dance, drama)*

**NOTE:** Referring a student for Visual or Performing Arts Identification should include your building's Gifted Intervention Specialist. There is a separate nomination form and student profile sheet, as well as portfolios and/or performances which will be evaluated based on Ohio Department of Education rubrics.

\_\_\_\_\_  
Signature of Person Initiating Referral

\_\_\_\_\_  
Date

**NOTE:** A parent/guardian may request assessment through any verbal or written means to the building administrator.



PLEASE COMPLETE THE NEXT PAGE

GIFTED SERVICES
PERMISSION FOR ASSESSMENT

To the Parent/Guardian of: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

WHY WE ARE ASKING TO ASSESS YOUR STUDENT

- The Gifted Services Office has received a referral for your child from: \_\_\_\_\_
Your child met the screening cut score on the following test: \_\_\_\_\_

ABOUT THE ASSESSMENT

All instruments used must be on the Ohio Department of Education's Chart of Approved Gifted Identification/Screening Instruments including screenings for Specific Academic Abilities (WJIV). The Marion Local School District typically uses one or more of the following testing instruments:

- Woodcock Johnson IV (WJ-IV), Tests of Cognitive Abilities
Cognitive Abilities Test (CogAt) Form 7
Otis-Lennon School Ability Test - 8th Edition
Iowa Assessments
TerraNova, 3rd Edition, Complete Battery
Woodcock-Johnson IV, Tests of Achievement NU

PLEASE RESPOND TO THE FOLLOWING IMPORTANT QUESTIONS:

- 1. Is a second language spoken in the home: [ ] NO [ ] YES
(If YES, what language(s) \_\_\_\_\_)
2. Does your student have an IEP or 504 Plan? [ ] NO [ ] YES
(If YES, which plan \_\_\_\_\_)
3. Does your student need assistive technology or other accommodations in order to be tested for Gifted services? [ ] NO [ ] YES
(If YES, please specify \_\_\_\_\_)

Please use this space to provide any additional information you would like to include (continue on the reverse side of this form if necessary.)

PERMISSION - PLEASE COMPLETE AND SIGN AND RETURN IN THE PROVIDED ENVELOPE

Student's Birth Date: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

- Permission is GRANTED to conduct individual testing for my student for superior cognitive and/or specific academic abilities.
Permission if DENIED - I do not want testing conducted for my student.